

Message Text

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ACTION ARA-14

INFO OCT-01 ISO-00 AID-05 MED-02 HEW-04 CIAE-00 INR-10
NSAE-00 HA-05 DODE-00 EB-08 /049 W
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R 131104Z APR 78
FM AMEMBASSY GEORGETOWN
TO SECSTATE WASHDC 6555
INFO AMEMBASSY SANTO DOMINGO

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C O R R E C T E D C O P Y (MRN 1135 VICE 1635)

SANTO DOMINGO FOR RMO

E.O. 11652: N/A
TAGS: AMED, SOC, ENRG, GY
SUBJECT: CURRENT STATUS OF GEORGETOWN HOSPITALS

REF: GEORGETOWN 1124 (NOTAT)

BEGIN SUMMARY: SURVEY OF 4 LOCAL HOSPITALS, REPRESENTING
CROSS SECTION OF HEALTH SERVICE AVAILABLE IN GREATER GEORGE-
TOWN, INDICATES THAT RESOURCES WERE STRAINED TO LIMIT TO PRO-
VIDE MEDICAL SERVICES DURING PROLONGED BLACKOUT LAST WEEK.
ALL HOSPITALS ARE MOST CONCERNED ABOUT CONTINUING SUPPLY
OF WATER TO PROVIDE MINIMAL STANDARDS OF CLEANLINESS
NECESSARY TO PREVENT INFECTION. AT PRESENT, WITH RETURN
OF INTERMITTENT POWER SUPPLY, THEY ARE OPERABLE. END SUMMARY

1. FOLLOWING INFORMATION IS A
RESULT OF A SURVEY CONDUCTED BY THE EMBASSY TO ASCERTAIN
PRESENT CONDITIONS AT THE MAJOR HOSPITALS LOCATED IN GREATER
GEORGETOWN IN MIDST OF BLACKOUT CRISES.

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2. GEORGETOWN PUBLIC HOSPITAL (938 BEDS). HAS GENERATOR
COVERING NORTH WING, APPROXIMATELY 1/3 OF FLOOR SPACE,
INCLUDING OPERATING AND EMERGENCY ROOMS. HOSPITAL NEEDS
ADDITIONAL GENERATOR TO POWER BLOOD BANK AND MATERNITY
WARD, THOUGH TEMPORARY HOOKUP FROM MAIN GENERATOR WAS
MADE AND WORKED WELL FOR BRIEF PERIODS. MAIN PROBLEM
HAS BEEN LACK OF WATER, CLOSING LAUNDRY AND SHUTTING

DOWN STERILIZING EQUIPMENT. FOR NINE DAYS, UNTIL APRIL 11, ONLY EMERGENCY SURGERY WAS PERFORMED. TO EXTENT POSSIBLE, ALL NON-CRITICAL AND AMBULATORY PATIENTS HAVE BEEN DISCHARGED.

3. MERCY HOSPITAL (CHURCH-RUN PRIVATE, MEDIUM-SIZED HOSPITAL). DURING THE ELECTRIC SHORTAGE SUFFERED NOT ONLY FROM LACK OF ELECTRICITY BUT ALSO FROM A PAUCITY OF WATER. GUYANESE DOCTOR AT MERCY CONTACTED TODAY (APR 12) BY EMBOFF THOUGHT THAT THE LACK OF WATER WAS AND IS THE HOSPITAL'S BIGGEST CONCERN. HE FEARED THAT A REPETITION OF LOW WATER PRESSURE COUPLED WITH NO ELECTRICITY WILL MAKE THE HOSPITAL ALMOST INOPERABLE SINCE THE STAFF WILL BE UNABLE TO MAINTAIN EVEN MINIMAL STANDARDS OF CLEANLINESS. THE DOCTOR MENTIONED THAT THE HOSPITAL DOES HAVE A SMALL GENERATOR CAPABLE OF PRODUCING ELECTRICITY FOR THE OPERATING ROOM AND ADJOINING WARD AREA; HOWEVER, IT DOES NOT PROVIDE POWER TO THE LABORATORY OR STERILIZATION EQUIPMENT, THEREBY PREVENTING ALL BUT EMERGENCY SURGERY. A FINAL CONCERN TO THE DOCTOR IS A LACK OF POTABLE WATER THAT CANNOT BE BOILED WITHOUT THE NECESSARY POWER. AT PRESENT MERCY HOSPITAL IS FUNCTIONING BUT IS APPREHENSIVE ABOUT THE FUTURE UNTIL IT IS ASSURED OF ADEQUATE WATER AND POWER.

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4. DAVIS MEMORIAL (SMATL SEVENTH DAY ADVENTIST HOSPITAL). AN AMERICAN CONTRACT PHYSICIAN INFORMED EMBOFF APR 12 THAT HIS HOSPITAL HAD RUN INTO SERIOUS DIFFICULTIES DURING THE PROLONGED BLACKOUT FROM BOTH THE LACK OF ELECTRICITY AND WATER. ALL SURGERY WAS DELAYED EXCEPT IN CASES OF EMERGENCY. THE DOCTOR THOUGHT THEIR BIGGEST PROBLEM WAS A SHORTAGE OF WATER TO MAINTAIN THEIR STANDARDS OF CLEANLINESS. THE HOSPITAL DOES HAVE A SMALL GENERATOR CAPABLE OF PROVIDING POWER FOR THE OPERATING ROOM BUT THE GENERATOR IS OLD AND THE DOCTOR IS UNCERTAIN HOW LONG IT CAN OPERATE. AT PRESENT THE HOSPITAL IS FUNCTIONING AND HAS RECENTLY INSTALLED A WATER PUMP; HOWEVER, THIS WILL ONLY WORK WHEN CITY POWER IS AVAILABLE. THE DOCTOR BELIEVES THEY CAN PROVIDE REASONABLY ADEQUATE SERVICES WITH A HALF DAY POWER SUPPLY BUT SHOULD ANOTHER BLACKOUT OCCUR, THE HOSPITAL WILL ONLY BE ABLE TO CONTINUE SERVICES IN CASES OF EXTREME EMERGENCY AND ONLY THEN IF THEIR GENERATOR REMAINS OPERABLE.

5. PRASEDBJS HOSPITAL, A SMALL PRIVATE HOSPITAL, WITH GOOD REPUTATION FOR EMERGENCY CARE, IS PROBABLY TYPICAL OF NUMBER OF SMALLER MEDICAL FACILITIES IN CITY. IT HAS NO

EMERGENCY POWER; NO SURGERY WAS PERFORMED DURING CRISIS,
AND NONE SCHEDULED TO DATE. FACILITY REMAINS OPEN,
HOWEVER, WITH DOCTOR ON DUTY TO HANDLE RANGE OF MINOR
PROBLEMS.

6. COMMENT: IT IS APPARENT IN CONVERSATION WITH HOSPITAL
ADMINISTRATORS AND PHYSICIANS THAT HOSPITALS ARE UNDER
SERIOUS STRAIN AND PARTICULARLY IN CASE OF THE PUBLIC
HOSPITAL, REACHED NEAR BREAKDOWN POINTS DURING PROLONGED
BLACKOUTS. CUTOFFS OF NON-EMERGENCY SERVICES, POSTPONE-
MENT OF MANY SURGICAL CASES, AND DISCHARGE OF AMBULATORY
PATIENTS, WILL MEAN CONTINUED STRAIN ON GEORGETOWN'S
MEDICAL RESOURCES FOR WEEKS TO COME EVEN IF POWER SITUATION
RETURNS TO NORMAL. IF IT DOES NOT, IT IS UNLIKELY MAJOR
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HOSPITALS COULD AGAIN COPE WITH LENGTHY BLACKOUTS WITHOUT
SOME SERIOUS CONSEQUENCES, I.E., UNDUE LOSSES OF LIFE,
UNLESS AUXILIARY POWER AND WATER SOURCES ARE FORTHCOMING.
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